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ABSTRACT

The report describes Project Zero Reject, a cooperative effort between the Dallas (TX) Independent School District and the Dallas County Mental Health Mental Retardation Center to locate handicapped children not receiving educational services and to develop a computerized information system for planning regarding these children. Awareness efforts included a media campaign and stress on interagency contact. Guidelines were identified for surveying, referring, and processing intake information. A developmental screening form was formulated to assess physical condition, self help skills, mobility skills, maladaptive behavior, communication, and social independence. Among findings of the project were that almost all of the referrals received by the project were children with moderate to severe handicapping conditions; that the printed poster was cited most often as the source of awareness for the project, while radio, T.V., and newspapers accounted for only a small portion of the sources for awareness; and that the project represented significant progress in interagency cooperation. (CL)

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PROJECT ZERO REJECT MANUAL
STRATEGIES IN CHILD FIND

by

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May, 1978

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TABLE OF CONTENTS

		Page
	ACKNOWLEDGEMENTS	ii
I.	Introduction and Rationale for Zero Reject	1
II.	Project Goals	5
III.	Interagency Cooperation	6
IV.	Awareness Efforts	11
V.	Location and Referral Activities	16
VI.	Computerized Information Base	26
VII.	Assessment	32
VIII.	Results	40
XI.	Recommendations	52
	Appendices	57
	References	79
	Resource List	80

PROJECT ZERO REJECT

DALLAS CHILD FIND COMPONENT

1975 - 1978

Title VI-B Developmental Project

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I. INTRODUCTION AND RATIONALE FOR ZERO REJECT

The initial inception of the "zero reject" concept came about prior to the enactment of federal legislation that mandated the educational rights of the handicapped. Lilly (1970) began by compiling and presenting a series of arguments which criticised the long established practice of placing mildly handicapped children into segregated special education facilities, thus speaking out in favor of mainstreaming the exceptional child and thereby developing a rationale for the placement of these children in the regular classroom. The term "mildly handicapped" has been defined as

> . . . those children traditionally labeled as educable mentally retarded, emotionally disturbed, behaviorally disordered, educationally handicapped, learning disabled, or brain injured . . . referred from regular education programs because of some sort of teacher perceived behavioral or learning problem [Lilly, 1970,p. 43].

Lilly (1971) later expounded on his arguments by proposing a new model for special education services which he termed a training based model for special education. This training based model was seen as an alternative to the special services model already in use. The model suggests that the role of the special educator should be changed from a child centered role to a teacher educator role, thus the special educators would have the responsibility of training the regular classroom teacher to cope with children's problems within the regular class. The special educator would then assume a supportive role as the regular classroom teacher must be brought to a point when they can be self reliant and self sufficient in their own classroom.

Lilly maintained that his new model must be a "zero reject model". The primary goal of the model was said to insure a place for all children in the mainstream of education once they were enrolled in a regular educational program. Lilly formulated the "zero reject" concept per se (1971); however, by the late 60's the state of Texas had already begun taking steps toward promoting the educational rights of the handicapped child. While Lilly's emphasis was on the "mildly handicapped" child, the state of Texas had directed it's efforts toward the education of all handicapped children (within a given age range) regardless of the severity of the handicap.

This right-to-education revolution in Texas came about as a result of Senate Bill #230 which mandated a comprehensive special education program (Plan A) for all handicapped children from three through twenty-one years of age by September, 1976. This bill also provided public schools the option to contract with agencies to serve those students who needed a type of program which was not currently available in the public school system. Thus, the rationale for the special education program in the Dallas Independent School District (DISD) was based upon the belief that every child is entitled to an equally effective education in accordance with their individual capabilities and needs, regardless of the degree of the handicapping condition. The instructional organization was comprehensive and flexible enough to meet the needs of each exceptional child. Programmatic goals and resulting instructional elements provided through special education services, furnished a basis for meeting the educational needs of exceptional children ages 3 through 21.

One of the major priorities of the Dallas School District was an effort to locate all unserved handicapped children and to place them in appropriate programs. The District was and is also committed to inter-agency cooperation and long range planning. This priority prompted the District to seek Education for the Handicapped Act, Part B funds to develop a system for locating unserved handicapped children in a large urban setting. Funds were obtained in 1975 and Project Zero Reject was initiated during the fall of that year.

In recent years, a number of cities and states throughout the United States have joined Texas in their efforts and have also begun focusing their attentions toward the education of the handicapped child. This emphasis has resulted in a number of states and localities becoming actively involved in a massive campaign to "search for the handicapped." This recent and growing trend in the field of Special Education, which has been directed toward the initiation, expansion and improvement of programs for educating the handicapped child, has been sparked by the creation of the Education for All Handicapped Children Act (EHA) as of July 1, 1971. Part B of the act authorized grants to the states and outlying areas to assist them in this endeavor. The enactment of Public Law 93-380 (1974), which brought about new provisions of Part B (Aid to States), laid the basis for comprehensive planning, additional financial assistance to States and protection of the rights of handicapped children by due process procedures and assurances of confidentiality. Then on November 28, 1975, President Ford signed the Education for All Handicapped Children Act into Public Law 94-142. The goal of the full service model

as outlined in PL 94-142 is to identify, locate and evaluate all handicapped children, to establish full educational opportunities for all handicapped children, and to establish a full service time table.

The basic purpose of the act is to "assure that all handicapped children have available to them a free appropriate public education which emphasizes special education and related services designed to meet their unique needs, to assure that children and parents' right are protected, to assist states and localities and to assure effectiveness of efforts." (National Association of State Directors of Special Education, 1974).

The Project Zero Reject Manual has been developed to provide relevant information on the child find project implemented by the Dallas Independent School District (DISD). The DISD, a large urban school district serving approximately 135,000 children, joined with the Dallas County Mental Health Mental Retardation (MHMR) Center to implement this child find project. The DISD and the MHMR Center represent the two largest agencies serving handicapped children in the metropolitan area of Dallas, Texas.

This manual describes those major program components that were part of the project's three-year effort to identify and locate out-of-school, unserved handicapped children. The manual is designed to provide other local education agencies that anticipate the implementation of programs within their systems with valuable information which can be utilized in the development of child find projects. The manual describes not only those aspects of the program that worked well for the Dallas model but also those aspects of the program that presented problems and difficulties for the project. The manual further discusses significant research findings noted in the implementation of the project, in terms of both process data as well as product data. It concludes with suggestions and recommendations for others to consider in the development and implementation of child find efforts in other locations.

II. Project Goals

Project Zero Reject was a cooperative effort between the Dallas Independent School District (DISD) and the Dallas County Mental Health Mental Retardation (MHMR) Center. This cooperative relationship is perhaps the key to the overall project success and its importance cannot be overemphasized. The MHMR Center was chosen because of its function in the community as an agency which coordinates referrals from a variety of sources and plans for unmet needs of handicapped children. Both agencies contributed staff and leadership to the project. The DISD and MHMR represent the two largest agencies serving handicapped children in the Dallas metropolitan area. Consequently, the project represents a major step toward greater professional interchange and cooperation in the delivery of services to the handicapped.

The project of course stemmed from the concept embodied in Texas Senate Bill 230 that all children, regardless of their handicapping condition, have a legal right to a public school education. Thus, with this "zero reject" principle in mind, the project set its goals toward locating its intended target population of unserved handicapped children. As Dallas, Texas and other cities and states progressively became more actively involved in the search of handicapped children, the term "child find" began to come into play when referring to those activities relative to the identification and location of a targeted population of handicapped children. Many projects have since incorporated the term into their project titles.

The major goals of the project have been to develop a system for locating those children who were not currently receiving educational services and to develop a computerized information system designed to

create, maintain, and access information obtained regarding those handicapped children located. The information system was seen as critical to the facilitation of short-term and long-term planning for services to handicapped children. The project has further attempted to develop a formalized set of guidelines for the routine referral of potential handicapped children to the District by human service agency personnel and to create a model for the cooperative delineation of roles and responsibilities between a public school district and a community agency which serves the handicapped population. An effort was also made to increase public awareness of the implications of Texas Senate Bill 230.

The project specifications delineated five major goals:

GOALS

1. Locate out-of-school, unserved handicapped children in four target areas.
2. Develop formal guidelines for the routine referral of potential handicapped children to the District by human services personnel.
3. Develop a computer software system to create, maintain, and access computer tape files for short-term and long-term planning.
4. Increase public awareness of the zero reject implications of Senate Bill 230.
5. Create a model for the cooperative delineation of roles and responsibilities between a public school district and a community agency which serves the handicapped population.

III. Interagency Cooperation

This project teamed the Dallas Independent School District with the Dallas County Mental Health and Mental Retardation Center as an effort to

develop and utilize interagency cooperation in the accomplishment of shared goals. The MHMR Center was chosen because of its major function in the community to identify unmet needs of the handicapped population and to develop programs to meet these needs. Its role in the community and the goals of the project were very compatible.

For the purpose of this project, a joint contract was developed between the DISD and MHMR. This contract specified the duties of each agency and the funds to be provided to MHMR for the purpose of employment of staff and the operation of the project.

The project added the same personnel to each agency to provide for team partnerships and for equal resources in each agency. A team approach was chosen to validate the efficacy of coordination of effort as opposed to the inefficiency of fragmented activities sponsored by agencies and advocacy groups in isolation from one another.

One visiting teacher was employed by the District and one social worker was employed by MHMR. These two social workers acted as a coordinating team and reported directly to the Project Director. Four interviewer case aides were employed by the District and four were employed by MHMR. These eight case aides were organized into four teams of two. One case aide on each team was from the District and one case aide was from MHMR.

Additional resources to the project included an evaluator and a computer programmer. The project director, the evaluator, and the programmer were on the District's payroll.

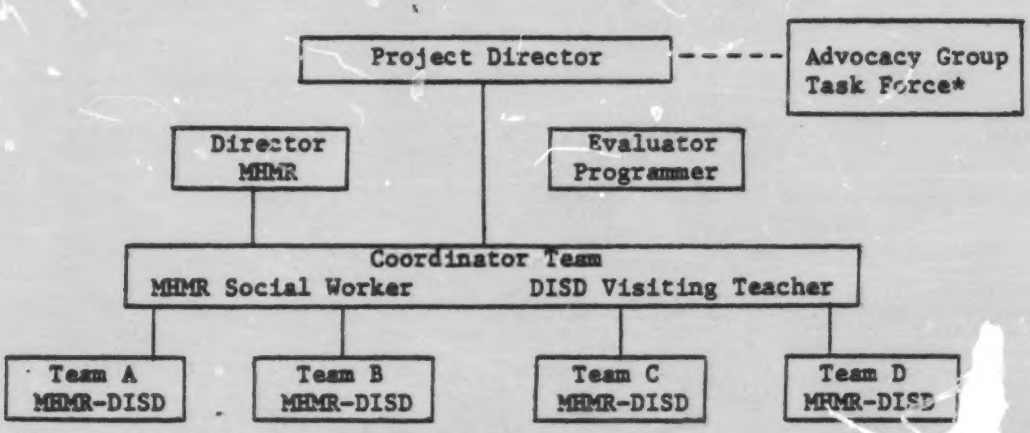
Weekly meetings of the administrator in charge of the project for MHMR and the coordinating team were held in the project director's office. Areas discussed, actions recommended and duties assigned were recorded

and a written summary was provided each person. These summaries were used as a checklist at subsequent meetings to insure that project activities were progressing satisfactorily.

Figure I indicates the administrative organization of the project.

FIGURE I

ADMINISTRATIVE ORGANIZATION OF PROJECT PERSONNEL



* Task Force

An advocacy group task force was formed with representation from various metroplex advocacy groups serving handicapped children. This task force was utilized to help plan the information dissemination activities as well as to serve as an additional method of disseminating the information about the search for unserved handicapped students.

The task force convened periodically throughout the duration of the project to provide project management with feedback from the field and to air concerns relative to the project. The task force further had the responsibility of relaying any problem areas encountered relative to the project in general and to try to find answers to questions posed by

concerned parents and interested parties. The task force was also given feedback from project management of the results of child find efforts.

Developmental Centers. A prime example of this interagency partnership was the initiation during the second year of the project of a cooperative pilot developmental center program at two sites for profoundly handicapped students. The Dallas County MHMR Center joined in the fulfillment of this effort by providing the necessary training program and curriculum utilized within the pilot developmental centers, while the District provided the necessary supervision and staff. This task was undertaken as a result of an initial effort by the District to gain insight into the instructional methodologies and techniques required to facilitate the provision of educational services to the kinds of children being referred to the project; specifically, those children considered severe and profoundly handicapped.

The experimental curriculum Radea (Specific Skills Development Program) which was developed by the MHMR Center and field tested in the pilot development centers, is considered a developmental model and is designed for students functioning between the developmental ages of 0 to 7 years. The primary goal of the program is to increase the adaptive behaviors of the student by structuring the rate and direction of behavioral change. It is the intent of the program to provide structured opportunities for a child to progress normally through the developmental stages of childhood. The five main areas covered in the program are: visual perception, auditory perception, perceptual motor, oral language and functional living skills.

An MHMR staff person conducted a series of workshops and training sessions to provide the two DISD staff persons the necessary instruction and training required to utilize the Radea program in the pilot developmental centers. The two teachers then began to incorporate the Radea program into their daily instructional program and the MHMR Center continued to provide follow-up sessions as needed.

The project assessed their efforts in this phase of the project through the use of two questionnaires. The Radea Training Questionnaire (Appendix A), which was administered only to the two pilot developmental center teachers, was designed to assess the teachers' reaction to training and their acceptance of the experimental curriculum - Radea. The questionnaire provided the teachers with an opportunity to assess the program in terms of the adequacy (or inadequacy) of training sessions and in terms of the strengths and/or weaknesses of the program itself in its use with profoundly handicapped children. The Developmental Center Curriculum Questionnaire (Appendix B) was administered to the two teachers in the pilot developmental centers as well as to a random sample of those teachers at the regular developmental centers in the District. This questionnaire was designed to yield information regarding the nature of the curricula in use at the various developmental centers within the District and to provide information relative to the kinds of students being served in the centers. Analysis of data obtained from these questionnaires is discussed in Section VIII, Results.

IV. Awareness Efforts

Initial efforts to assess the extent of zero reject awareness began with a community awareness pretest survey (Appendix C), which was conducted among the parents of students in four targeted school areas of the District. Shortly following the administration of the pretest survey, a massive media campaign was undertaken in an effort to increase awareness of the zero reject concepts embodied in Texas Senate Bill 230 and to publicize the project slogan and telephone number. Teachers and human services agency personnel were also surveyed in an effort to assess the extent of their awareness of the project. A house-to-house canvass was conducted in the four targeted school areas of the District in a further effort to locate unserved handicapped children and to increase project awareness through further dissemination of printed media relative to the project. The canvass was then followed by a community awareness posttest survey (Appendix D) in the targeted school areas to determine the effectiveness of project efforts toward increasing awareness of the zero reject concept.

Community Surveys. In an effort to assess the extent to which the general community was aware of the zero reject concepts and implications relative to the educational rights of handicapped children, a community awareness survey for parents was developed. This survey was developed in a pretest and posttest version, with the pretest being administered during November, 1975, prior to a mass media campaign (December, 1975), and a house-to-house canvass (March, 1976). The posttest survey was administered subsequent to the media campaign and house-to-house canvass (May, 1976).

The pretest and posttest versions of the parent surveys (Appendices C and D) were made up of two parts. Part one of each version measured zero reject awareness, and part two of each version measured attitudes and perceptions about the handicapped child. Both instruments were designed to be administered via telephone and contained both short answer and fixed-format response items.

The parents surveyed with the pretest instrument were randomly selected from a listing of parents whose children were enrolled in the four target school areas during the 1974-75 school year. At the time of the sampling, a list of parents for the 1975-76 school year was not available. The same population of parents was used in the posttest survey. However, one-half of the parents interviewed during the pretest survey were randomly selected again to respond to the posttest survey, along with another "new" group of randomly selected parents. Letters were sent out to the four elementary school principals and to all parents (through their children) in the targeted areas informing them that a survey was being conducted in their area and soliciting their cooperation in responding to the survey.

Teacher and Agency Surveys. As a further means of assessing community awareness, teachers and agency personnel were also surveyed. The teacher and agency survey instrument (Appendix E), which was the same for both groups, also investigated zero reject awareness. The survey was administered to a random sample of regular classroom teachers in the four target school areas and to various community agency personnel. The agency personnel surveyed were randomly selected from a list of those community agencies involved in the delivery of services to the handicapped that were visited during the year by project

staff. There was no pretest-posttest measurement with these groups; however, agency personnel were surveyed again during the second year of the project with the survey instrument basically remaining the same as the first year. The agency visits are discussed in greater detail later in this section.

Letters were again sent out to the four principals in the targeted areas and to those teachers selected to respond to the survey informing them that the survey was taking place and to solicit their cooperation in responding to the survey. Agency personnel were told that a survey would be conducted subsequent to visits and presentations by project staff.

Media Campaign. During the first year of the project, in an effort to inform the general public of the rights of handicapped children to a public school education, project staff initiated an extensive media campaign. A slogan, "Public Schools are for the Handicapped, Too!", was selected. Bumper stickers, buttons, door knob hangers, posters, brochures (English and Spanish), and telephone stickers were purchased. An Advocacy Group Task Force meeting was held to disseminate packets of materials and news releases for various organization's newsletters. A news conference was held to announce the project. The lead television news story that kicked off the campaign in December showed the District Superintendent (accompanied by a little girl on crutches) placing a bumper sticker on his car. Staff teams placed posters and materials in shopping centers, libraries, and key office buildings. News releases and pictures were sent to all daily and weekly newspapers. Public service announcements were presented to all radio and television stations. Letters and materials were mailed to all school principals and area physicians.

The campaign primarily relied upon printed materials but, as indicated, also used TV, radio, and newspaper coverage. Project staff disseminated approximately 1,000 window posters, 15,000 brochures (5,000 of which were in Spanish), 6,000 door hangers, 5,000 bumper stickers, 10,000 telephone stickers (primarily distributed to professional office personnel and field workers), and 4,000 lapel buttons. The project slogan and telephone number was the primary piece of information communicated in the above printed materials. The brochure discussed Texas Senate Bill 230 and the legal school age requirements of the Bill.

Other media coverage included 20-second and 10-second announcements sent to all area radio and TV stations (Appendix F). These public service announcements basically publicized the fact that there was a state law that gave handicapped persons between the ages of 3 and 21 the right to a public school education. The project's 24-hour telephone number was also publicized. One article appeared in both daily newspapers in the area, and one TV station included a news item about the project on one morning local news program. Unfortunately, there was no follow-up on the incidence of the spot announcements from radio and TV stations, but informal observations indicated only minor publication by area radio and TV media.

Newsletters. Project newsletters were sent to physicians throughout the area in an effort to inform them of Project Zero Reject and to solicit their cooperation in the referral of handicapped children to the District. The newsletter contained information relative to Texas Senate Bill 230 and its implications in terms of the legal age limitations and the legal rights of handicapped children and their parents. In addition, the newsletter also contained a brief description of the project's activities at that time and gave results relative to the number and kinds of children located by the project, as well as giving a 24-hour telephone number for

additional information. These newsletters were also sent to those agencies and day care centers not visited personally by project staff. A follow-up survey relative to the newsletters was conducted among a random sample of those physicians available for contact after the newsletters had been mailed out. This physician survey, which was for the most part the same as the agency and teacher survey, was only administered during the second year of the project.

Interagency Contact. Realizing that there existed a large number of agencies within the Dallas area that serve handicapped students, the project sought to make the various agency personnel aware of the District's offerings for these children. Project management believed that community agency personnel, like many parents and school personnel, lacked information regarding the comprehensive special education program available in Texas. Many were believed unaware of the minimum age of three years and the upper age limit of twenty-one. It was further thought that many did not recognize that profoundly handicapped children were eligible for public school services, nor were they aware of the categories of exceptionality which are eligible for services. Still others did not recognize the legal rights of the parents and children.

Persons in human services roles frequently discover out-of-school handicapped children during the routine performance of their duties. However, prior to the initiation of Project Zero Reject no formalized system had been developed to facilitate the routine referral of these out-of-school children to the District. Public health nurses, welfare workers, physicians and other related personnel had no efficient, direct method of communicating the pertinent data about the potential student to school personnel for planning and placement recommendations. During its

first year, project staff began visiting the various community agencies involved in the delivery of services to handicapped children as part of an ongoing effort to communicate project goals and activities and to discuss procedures for the routine referral of handicapped children within the DISD. Project staff further sought to make the agency personnel aware of Texas Senate Bill 230 and its zero reject implications through their talks and presentations. Agency personnel were provided with printed media (posters, brochures, buttons, etc.) giving the project slogan and phone number, to be given to interested persons seeking information about the project. During the second year of the project, a film entitled, "On the Other Side of the Wall", was produced and utilized during presentations at the various agencies visited, along with the dissemination of printed media. Day care centers were also visited and project materials presented.

During the first and second years of the project, various agency personnel were surveyed subsequent to project staff visits. However, third-year agency contacts were not followed by surveys as third-year contact eliminated formal presentations (except when requested) but continued the dissemination of printed project media.

V. Location and Referral Activities

The bulk of the project's yearly efforts were centered around child find activities, e.g., those activities relative to the identification and location of out-of-school, unserved handicapped children. While virtually all project activities, including those areas previously discussed, have their connection with child find efforts per se, this section particularly

addresses those areas perhaps more directly employed to facilitate the actual location of the intended population of unserved handicapped children. This includes canvassing efforts and the referral process. This section will also address those activities relative to the maintenance of referral data, a process which locally has been termed as "tracking".

House-to-House Canvass. The house-to-house canvass was conducted in four targeted school areas by District and MHMR teams. The four targeted areas consisted of the attendance zones of four elementary schools located in the four quadrants of the District. These four schools represented the various socio-economic levels and ethnic populations of the District. Each of the schools had a population of approximately 500. The canvass area included nearly 9,000 houses. Project staff worked in pairs to canvass the school neighborhoods and knocked on every door in the four specified school attendance zones.

Project staff began by introducing themselves and by telling the person their purpose. The standard interview procedure was to ask residents if they knew of any handicapped children in the neighborhood who were not in school and if they knew about Texas Senate Bill 230. In addition to the search for handicapped children, project staff also found that the personal contact was a good opportunity to promote community awareness about the project. However, direct personal contact was limited only to those doors answered. As such, indirect contact was made at those doors not answered since staff left door hangers, which gave the project phone number and slogan. The back of the door hanger contained a handwritten note inquiring about handicapped children.

Through responses obtained from parents on the posttest community awareness survey which followed the canvass, it became apparent that the

interview strategies employed in the canvass during the first year warranted modification. Results from the parent surveys indicated that the use of the terms handicap and special education would probably focus the attention of residents on those people with the more obvious abnormalities, and furthermore, that the kinds of abnormalities would vary across socio-economic groups. Consequently it was thought that future house-to-house interviews should make use of standard interview protocols designed to suit specific socio-economic areas and designed to avoid or minimize the influence of the terms handicapped and special education. While it is recognized that the interest of a child find project is not to conduct a general screening, it was believed that the use of improved interview strategies could result in more complete location of the target population. As such, the following interview protocol was developed and utilized during the second-year canvass efforts.

Interview Protocol

STEP 1: Introduction

(a) identify self
(b) identify employer

STEP 2: Ask for head of household (M/F parent/guardian)

(a) identify self
(b) identify employer
(c) give brief purpose

Note:
If no parent or guardian - try to determine if there is a handicapped child in the home. If so - leave printed materials (brochures).

STEP 3: Ask if there are any children in household 21 or less

(a) If yes: continue interview and go to Step 4

(b) If no: discontinue interview "tactfully"

Note:
Should you determine the presence of a handicapped person in household who is older than 21 - don't get too involved but try to give them a source for further information.

STEP 4: Ask specific ages of children

If school age - are they attending school?

If yes/no: continue interview and go to Step 5

If less than 3 or beyond school age (but less than 22) - go to Step 5

STEP 5: Try to determine if child has a handicap

Note:
At this stage you should pay particularly close attention to the choice of words you use to phrase your questions. Parents' understanding, interpretations and sensitivity of such terms as handicap, retarded and special education will vary from area to area. Attempt to communicate the questions on that particular parent's level of understanding. Some suggested ways of asking the question are:

"Does the child have any mental or physical handicaps?"

"Does the child have any mental or physical problems or difficulties?"

"Is the child different in any way from other children?"

"Does the child have any limitations or special needs?"

"Is the child experiencing any type of learning difficulties or disabilities?"

"Does the child have any problem that may require special help or service?"

If yes: try to define the problem and go to Step 6

If no: discontinue interview tactfully

STEP 6: Ask if child is receiving service or help

If yes: discontinue interview tactfully

If no: continue interview and go to Step 7

STEP 7: Ask if they would like service or help for the child

If yes: Obtain any relevant information necessary and arrange a convenient time to contact parent at a latter date. End interview.

If no: (a) explain rights again

(b) try to encourage parent to take advantage of this right

(c) still no-discontinue interview tactfully and leave brochure (in event they should change their mind)

Referral Process. The actual referral process began shortly after the end of the District-wide information media campaign and the installation of the 24-hour telephone service. A referral was initiated with a call and was followed through according to the following outline:

Step 1: A parent, other relative, neighbor, school or agency personnel, etc., calls in on the 24-hour line to refer a handicapped child.

Step 2: The Zero Reject general Intake Worksheet (Appendix G) is completed on the child by project staff case aides.

(a) problem or reason for concern is obtained

(b) names of all persons or agencies who have attended the child or have any psychological or medical records regarding his/her suspected handicapping condition are obtained

(c) if no agency has seen the child a mini-scale and/or a full-scale of the Developmental Evaluation Scale (DES) is administered.

Step 3: A case worker takes or mails a Referral for Individual Study (Form 1.0) to the parents' (guardian) home to secure their signatures and permission to continue the referral process by requesting and reviewing their records.

Step 4: Project case aides contact all persons who have reviewed the child and get copies of all available records.

Step 5: Project staff reviews case to determine other needs before referral to District and administers the DES, if necessary.

Step 6: Project staff makes referral to appropriate authority or in the instance of a District case, the case is turned over to a screening committee who in turn make their staffing recommendations and route the case through to the District's central staffing committee for placement.

(a) Area Staffing Committees review all cases at their regular meetings. If all necessary materials are available, the parent is invited to the next meeting and the staffing finalized.

(b) If some information is not available, the appropriate team member follows up. For example, the area nurse should arrange for a vision and hearing examination, the area psychologist should assume responsibility for obtaining a psychological examination.

(c) Following the review or final staffing, a copy of the case is returned to the Project Zero Reject staff to provide the necessary documentation on the disposition of the case.

Step 7: Project staff serve as an advocate to the child until special education placement is complete.

Step 8: Case aides make periodic follow-ups on cases to determine current status and report findings to project managers.

The project's 24-hour telephone service has been viewed as one of the more positive aspects of the referral process. The one identifiable entity to function through in order to facilitate referrals pleased many concerned. The telephone service was and is the primary vehicle for initiating referrals to the Project Child Find office. However, children could be referred through a variety of sources, some of which were: parents, other family members, neighbors or friends, public schools (personnel, records, etc.), physicians, public health nurses, community clinics, and day care centers. A variety of other sources may also be available relative to the area in which the child-find activities are taking place.

One should note that there are obvious limitations and difficulties in attempting to specify the actual source of referrals. For example, a parent may have learned of the availability of service through the house-to-house canvass but may have actually referred the child through the child-find telephone number. Another example might involve children who had previously not been in school but entered the District during the year. Since these children did not enter the District through project referral

procedures, there was no way of counting the children impacted by the project media campaign but referred to the District through other entry channels.

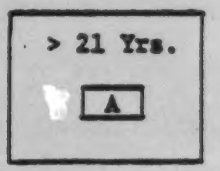
A second problem associated with the referral process and the determination of the number of children identified by the project concerns population definitions. This problem resulted in the need for both the formulation of an operational definition of a found child as well as more precise population definitions. The project child find referral process "turned-up" a number of children who were already receiving services through an educational system. In some cases, the child find referral telephone number was seen as a means of voicing dissatisfaction with services being provided, and these children were not considered to have been found by the project.

In view of the need for more precise population definitions, the Dallas child find component devised the following schema to represent the possible population types one would expect to encounter during the implementation of child-find activities. This was not to imply that these are the only population types one would encounter; however, they are the ones that appeared most reasonable and that the Dallas project encountered most frequently during its first year.

Figure 2

REFERRAL POPULATIONS

(0-21 Yrs.)



	Non-DISD B		DISD	
	Enrolled	Out of School	Enrolled	Out of School
Served			C	E
Unserved			D	F

The letters in Figure 2 indicate the population types. Population "A" includes those persons referred through the child find process who exceed the 0-21 year (inclusive) age limitation. Population "B" includes those persons referred who live outside of the Dallas school district. Population "C" represents those persons who reside in the Dallas school area, are enrolled in school and are receiving service. Those persons who again reside in the Dallas school area and are enrolled in school but are not receiving services constitute population "D". The "E" group is made up of those persons who again reside in the Dallas school area, are

not enrolled in school but receiving services. The final group, population "F" is the one upon which the Dallas project placed its greatest emphasis. This group consists of those persons who reside in the project area but are neither enrolled in school nor receiving services. This group was considered the "targeted population".

Once these populations were defined, it became apparent that some type of guidelines were needed in order to facilitate the processing of the various referral types encountered as well as to aid in the determinination of referral sources. Consequently, the following telephone intake protocol was developed and utilized as a basis for obtaining referral intake data for the duration of the project.

Telephone Intake Protocol

All record keeping centers about the Project Zero Reject (PZR) Intake Worksheet (Appendix G) and PZR Master Log (Appendix H)

STEP 1: Collect and record following information:

(1) Referent name and address
(2) Student name and address
(3) Date of call (live)
(4) Project information source(s)
(See attached TEA list of source codes - Appendix I)

Ask: "How did you hear about this telephone number?"
"Did you hear about this number from any other source(s)?"

(5) Secure student's date of birth
(6) Secure student's chronological age

STEP 2: If student is older than 21 years:

A. Determine general nature of presenting problem
B. Refer to community service (see your list)
C. Enter population type A-STOP

STEP 3: If student does not reside in DISD:

A. Refer to appropriate child find number (by location)
B. Enter population type B-STOP

STEP 4: Complete following information:

(7) Primary language
(8) Home school

If student is less than 3 years old - Go To Step 6

STEP 5: DISD enrolled?

Ask: "Is this child attending school in the DISD at this time?"
"Is this child enrolled in special education in the DISD at this time?"

If yes/yes

A. Refer to school principal and area director
B. Enter population type C - STOP

If yes/no:

A. Refer to school principal and area director
B. Enter population type D - STOP

STEP 6: Collect and record following information:

(9) Ethnicity
(10) Sex
(11) Presenting problem (Section IV of PZR intake sheet)
(12) Extent of involvement (see list of codes)

STEP 7: Service

Ask: "Is the child getting help or special service from any community agency or person?" (any service)

If yes:

A. Complete Sections II and III of PZR intake sheet
B. Enter population type E
C. Go to Step 8

If no:

A. Complete Sections II and III of intake sheet
B. Enter population type F
C. Go to Step 8

STEP 8: If less than 3 years old: Refer to Project KIDS, otherwise go to Step 9

STEP 9: Initiate referral to DISD

Complete:

(13) Enter AE #

VI. Computerized Information Base

The project was designed to locate those handicapped children in the District who were not receiving educational services. As such, in an effort to maintain information records to facilitate educational planning for these students in the years to come, the project specified the development and maintenance of a computerized data base information system as one of its goals. This data base system was to be utilized for the storage and retrieval of information on those handicapped students located by the project and for long range planning. The development of the data base has made it possible to easily store and access information about those handicapped children located.

During the second year of the project, continued development of the data base brought about the idea of utilizing the data base as a "tracking" system for those handicapped children located. The definition of a tracking system adopted was basically in terms of the components which make up the staffing process. The tracking system represents the manner in which a child is processed through the system and involves the obtaining of information at strategic points in the process, with this information being maintained on the data base computer file.

Further development of the data base resulted in a cooperative effort between the Dallas Indenendent School District and the Region X Educational Service Center to further facilitate the educational planning needs of the handicapped child. This effort was manifested by the linkage of the project computer terminal to the Region X computer system which acts as a "storehouse" for project referral data. This linkage enables project staff to gain access to the Region X computer by dialing a telephone number that connects to the system. Once properly connected to the system,

the terminal operator has access to the confidential project files and can ask the computer to access any program relative to these files in order to add new information, update or modify records, search for certain pieces of information of interest or to have records and or reports printed out according to specified needs.

Information that is available from the data base is basically in terms of demographic information which is detailed enough to provide project management with vital statistical information which would facilitate the educational planning needs in years to come of the student located. Perhaps the two most important pieces of information available as a result of the data base were the age distributions of the children located and the kinds of suspected handicapping conditions of these children who had been rendered eligible for District services. For example, results from the first year's mid-year report (Carpenter and Macy, 1977) showed that during the 1976-77 school year mental retardation, speech disabilities and multiple handicapping disabilities were the predominating handicaps observed among project referrals as of January 1977. It was further observed that the age of more than one-half of all the children referred as of January was less than six years. This information suggests that District decision-makers need to consider whether or not existing early childhood special education resources are adequate to provide service to children with these kinds of problems.

Additional information from the data base in terms of the gender and ethnicity of the students located provided data that indicated whether or not any anomalies existed among project referrals in terms of sex and ethnicity. Further information available from the data base included project referral sources and the actual provision of services.

In terms of referral sources, both the number and kinds of referral agents could be obtained. It was also possible to determine where the child was in the staffing process; e.g. whether the staffing decision was being withheld due to lack of data, speech and language evaluation, or because it had been referred to another review committee. Dates for important events in the staffing process were also maintained such that it could be determined when the child was referred to the project, when parent permission for testing and observation was obtained as well as when parent permission for placement was obtained, with dates further indicating when the staffing decision itself was made. The length of time for a child to be staffed for services following referral to the project could also be determined.

The information that could be obtained from the data base was of great value particularly in terms of reporting needs. Prior to the installation of the project data base, the Texas Education Agency's monthly report for statewide child find systems was done manually. This manual process consumed an average of 22 man-hours per report. With the insertion of the appropriate program, the data base terminal could output this same report in a matter of minutes; usually less than 20 minutes for the entire process. Data for the end-of-the-year reports which again were previously collected manually, had consumed as much time as 2 to 3 full working days. The data base could generate the necessary data in a matter of seconds (for individual pieces of information). All of the information necessary and obtainable from the data base for the end-of-the-year report could be accessed in a matter of minutes, all of which is a indication of the value of the data base in terms of conserving valuable staff time and the speed with which data are made available as a result of its use.

In terms of the actual data carried on each child's file, each item of information contained in the data base corresponds to an item on the Project Zero Reject Input Worksheet (Appendix J), the parent permission forms, or the log of activity forms maintained by project staff. The following lists the information contained in each student file and a brief description of the information item:

ADAPTIVE EDUCATION NUMBER

Contains the student's identification number for the Adaptive Education Student folders.

TEMPORARY FLAG

Contains a one-digit code number that indicates whether or not the child's Adaptive Education Number is temporary.

TEA CHILD FIND NUMBER

Contains the student's unique seven-digit Texas Education Agency (TEA) series number that is assigned to each student as he enters the system for identification purposes.

STUDENT NAME

Contains the students full name. However, this information is carried on the data base input code sheet only, and is never actually included in the student file in order to maintain confidentiality of the information.

ZIP CODE

Contains the five-digit zip code.

SUB-DISTRICT CODE

Contains a nine-digit code number that indicates the county, district and campus of the student's home school.

BIRTH DATE

Contains the month, day and year of the student's date of birth.

REFERRAL RECEIVED

Contains the month, day and year the referral was received.

PARENT CONTACT

Contains the month, day and year of the initial parent contact regarding the referral of their child.

REVIEW BY ZERO REJECT SCREENING COMMITTEE

Contains the month, day and year of the child's case review by the project screening committee.

ASSESSMENT COMPLETED

Contains the month, day and year of the child's last assessment.

PLACEMENT DECISION

Contains the month, day and year that a placement decision was made.

SERVICE INITIATION

Contains the month, day and year that the child initially reports to placement site.

FIRST MONTH FOLLOW-UP

Contains the month, day and year of the first month follow-up on a case after placement has occurred.

THIRD MONTH FOLLOW-UP

Contains the month, day and year of the third month follow-up on a case after placement has occurred.

RELEASE

Contains the month, day and year that a case is released from the project or program.

HANDICAP CODE (ARD)

Contains a numeric code for any of twelve handicap categories

(specified by the TEA) which designates the student's area(s) of handicap indicated by the ARD team.

SEX

Contains an alpha code for male or female.

RACE

Contains an alpha code for one of six ethnic groups.

PROJECT REFERRAL SOURCE

Contains an alpha code for the source that referred the child to the project.

INFORMATION SOURCE FOR TELEPHONE NUMBER

Contains an alpha code for the referent's source of the project child find telephone number.

PARENT PERMISSION FOR TESTING/OBSERVATION/INFORMATION SHARING

Contains the month, day and year the child's parent (legal guardian) signed the permission for testing, etc. form.

PARENT PERMISSION FOR PLACEMENT

Contains the month, day and year the child's parent (legal guardian) signed the permission for placement form.

FULL DES ADMINISTERED

Contains the month, day and year that a full Developmental Evaluation Scale was administered (if administered).

SCREENING ROUTE

Contains an alpha code which denotes where the case is in the screening process.

ROUTING ACTION TAKEN

Contains an alpha code which denotes what type of action was taken on the case.

ROUTING ACTION (DATE)

Contains the month, day and year that the action was taken on the case.

PREVIOUS SERVICE-HOSPITAL

Contains a series of code numbers which correspond to names of doctors or hospitals or medical institutions (in Dallas) that have any records relative to the child's handicapping condition.

PREVIOUS SERVICE-AGENCY

Contains a series of code numbers which correspond to names of institutions or agencies (in Dallas) that have any records relative to the child's handicapping condition.

PREVIOUS SERVICE NON-DISD

Contains a series of code numbers which correspond to hospitals, agencies, schools or any other institution outside the Dallas area that have any records relative to the child's handicapping condition.

PLACEMENT CODE

Contains an alpha code which corresponds to the type of staffing or placement decision made relative to the provision of services.

RELEASE CODE

Contains an alpha code which designates the type of release occurring.

VII. Assessment

With the nature of the project being as it was, often the information obtained during the initial referral intake was insufficient to provide valid concrete evidence of the child's handicapping condition. Many times

the only information available was that interpretation or perception of the child's problem as indicated by the referring party. Many cases were totally lacking of any type of professional (or otherwise) documentation or any previous assessment other than what "appeared" to be the problem. As such, the project had to make use of various assessment aids and techniques in an effort to further establish and document the actual nature of the child's problem. This section addresses those aids and techniques employed by the Dallas child find project in the diagnosis of those cases referred that lacked adequate documentation relative to their handicapping condition. This section further addresses screening techniques and those instruments designed to assess the severity of the child's problem as well as those techniques employed in the instruction of severe and profoundly handicapped children in the classroom.

Developmental Evaluation Scale. The Developmental Evaluation Scale (DES) was designed by the Developmental Evaluation Services division of the Mental Health and Mental Retardation Center. The scale was designed to be used by trained paraprofessionals to collect intake data which would identify certain populations. The project initially conceived of the DES as an assessment aid and/or screening device for project referrals. It was specifically designated for use in terms of screening for those incoming referrals that were considered "questionable" or "high risk", in an effort to determine the appropriateness of referral. The term "questionable" was defined by project management in terms of those referrals received by the project for which the referent had merely described what they perceived as being the child's problem or handicap and for which there was no documented diagnostic supporting data. Such cases were then assessed by using the mini-scale, a condensed version of the full DES. The term "high risk" was defined as those cases in

which upon administration of the mini-scale, it became apparent that the child had some type of handicapping condition but that the full nature and extent of the child's condition remained unknown and unsubstantiated. For these cases, the full DES was utilized. The full scale provides a more in-depth assessment of the case than the mini-scale.

The DES is in the form of a structured interview. The scale can be used primarily for compiling baseline data for the purpose of individual assessment and/or individual program planning. The DES may also be used for compiling baseline data from groups of individuals for the purpose of group assessment and/or program planning based on needs of the group.

The DES is most appropriately administered to individuals found to be demonstrating intellectual functioning below three standard deviations from the mean on standardized tests. The scale may also be appropriate for individuals functioning three standard deviations below the mean on standardized tests if they are over the chronological age of 16 years.

The following questions and answers provided by the MHMR Center relative to the DES provide a brief overall synopsis of the scale:

Who administers the scale?

> The DES usually involves a two-part process to maintain a high degree of cost effectiveness. First, paraprofessionals generally administer the scale to parents, guardians, etc. during one or more telephone contacts. Secondly, interpreters (usually diagnosticians or psychologists) evaluate the derived data and formulate recommendations to complete a written report.

What age range does it cover?

> It is appropriate for ages 0 to adult in those areas which it purports to measure when using for screening purposes.

What kind of test is the DES?

> The DES uses a structured interview format to elicit an essentially criterion-referenced type assessment. However, some general average age estimates are included where appropriate. Norms derived from a sample have not been developed.

What does the DES say it measures?

Sixteen areas assessed by DES in six major areas:

I. Physical Condition
   A. Seizures
   B. Health
   C. Physical Constraints
II. Self-help
   A. Eating
   B. Dressing
   C. Toileting
   D. Personal Hygiene
III. Mobility
   A. Mobility
   B. Motor Skills
IV. Maladaptive Behavior
V. Communication (oral, aural and written)
VI. Social Independence (interpersonal relationships, responsibility, and job performance).

How would it be evaluated informally by a professional diagnostic team considering its use?

Strengths of DES:

comprehensive and detailed examination of current functioning at screening level of a student in six broad areas

relatively cost-effective for amount of information derived, good use of personnel when interviewer is paraprofessional

data derived have direct and practical impact on programming and "total" interventions with children when used to: (1) construct systematic skill development program, and (2) detect areas for more extensive appraisal.

Weaknesses of DES:

very little research data is presently available so validity and reliability has not yet been specifically established

does not usually provide for direct fact-to-face contact with informant

suffers same weaknesses of any interview scale of this type where the informant's credibility and knowledge have a signficant impact on the data derived.

Is training required to use the scale?

Yes. Interviewers should receive comprehensive training which includes interviewing skills, administration of DES, and translation of data. Interpreters should also receive training which includes basic familiarity with DES, interpretation skills and specific report writing. The Texas Regional Resource Center, Austin, Texas, can provide appropriate training.

How long does the training take?

Length of training is variable given the entry-level competencies of the trainees. Average training time for interviewers (persons administering the scale over the phone) is three days given the following prerequisites:

- is able to efficiently perceive and recall the information received auditorily, i.e., good auditory memory
- tends to be thorough and systematic in accomplishing a series of tasks
- demonstrates pleasant and cordial telephone behavior
- has general knowledge of basals and ceilings in psychometric testing.

Average training time for interpreters (persons formulating summary and recommendations) is one and one-half days given the following prerequisites:

- has working knowledge of handicapping conditions and various alternative interventions
- has ability to summarize without omitting significant detail utilizing a written medium
- has experience in diagnosis and individual education program planning.

Whom do I contact to arrange training?

Training requires designation of a person responsible for administering the scale (interviewer) and one for formulating summary and recommendations (interpreter). Ideally, this will be two people conforming to the prerequisite skills. It may be possible that if enough Service Centers request training, clustering into close geographic areas (i.e., 4 or 5 regions in close proximity with one ESC as training location) may be a possible method of delivery of training.

One phase of the project during its second year of operation was an effort to validate the DES and to explore its programming implications The project conducted a study to investigate the feasibility of utilizing the scale in a public school setting and to further investigate the instrument in terms of user acceptance and its psychometric characteristics. The study made use of questionnaires designed to yield information relative to user reactions to and acceptance of the scale in public school usage. The questionnaire also yielded information relative to the kinds of students being assessed with the DES and the usage of the data obtained from the scales. These questionnaires were sent out to those persons trained as interviewers and/or interpreters of the DES by the Texas Regional Resource Center which had conducted a series of workshops to provide training in the administration and interpretation of the scale. These workshops were scheduled in response to a series of requests to the center from local school districts and regional education service centers for a screening device or system to use in evaluating severe and profoundly handicapped children. A search of available techniques and screening systems to meet this need yielded the DES as an alternative. Data collected from scales administered by project staff also provided information in terms of the kinds of students being measured with the scale and the statistical characteristics of scores obtained on the scale.

Extent of Involvement Scale. As a means of assessing the degree of severity of a child's handicapping condition, an extent of involvement scale was developed (Appendix K). This measure was taken at the time of the initial referral of those handicapped children who were considered the target population, e.g. those children who were not enrolled in

school and were not receiving services. The data source for the scale was those observations recorded by project staff during the referral as indicated by the referring party. Consequently, the data obtained did not constitute appraisal by certified professionals. Rather, the extent-of-involvement data only provided a preliminary measure of the types of problems involved in the referrals.

The scale was designed to yield a measure of involvement in six areas: ambulation, hearing, vision, communication, self care and maladaptive behavior. At the time of referral, case aides asked referents what the child's abilities and/or inabilities were within each area of investigation and recorded this information on the project intake worksheet. This data was later analyzed in terms of the number and percent of those cases reported as possessing or not possessing the characteristic described across referrals (rather than within referrals). This analysis provided a measure of involvement on a group basis rather than on an individual basis. For example, the data indicated how many of the children referred were in wheel chairs, how many had no vision, how many displayed maladaptive behaviors towards themselves, etc.

The data were further analyzed in terms of the potential degree of difficulty some cases could be when placed in a public school situation. The question, "How much of a problem would certain cases present for the District in terms of typical special education classroom procedures?", was considered. For this reason, the data were assessed across items for individual cases (within referrals), yielding extent of involvement data on an individual basis. For example, one child was described as being in a wheel chair with no hearing, no vision, only communication

in the form of signs and gestures, and no self care abilities (Carpenter and Macy, 1977). Such a case was considered "severe" because it was believed that such a child could not function in the public schools without an unusual amount of the teacher's time and attention being directed toward his care. Such information would be of vital importance to a school district not already prepared or equipped to facilitate the educational training needs of such a child in the regular special education program.

Appraisal Team. During the first year of the project, the workload on the District staffing committee was such that the amount of time required to secure appropriate placement for project referrals (in addition to securing placement for those students who entered the District's special education program through regular channels) was sometimes considered excessive, especially when one considered the informed parents' awareness of the handicapped child's legal right to an education. Cases were often times deferred due to a lack of testing data and incomplete records. As such, during the second year, in an effort to "speedup" the staffing process for zero reject referrals and to avoid the deferment of cases due to a lack of appropriate, adequate documentation, project management organized a Project Zero Reject Screening Committee to review cases and recommend case management procedure. However, this committee was primarily composed of administrators rather than professionally certified staff trained in testing and assessment techniques. Although it was noted within a short time that the establishment of the screening committee did in fact help to accelerate the staffing process by reviewing cases to determine information needs prior to sending the case to the District staffing team, it still remained a time-consuming process as cases still had to be routed to the appropriate authority if

further testing and documentation were warranted. This in turn lead to the formulation of the Project Zero Reject Appraisal Team to do the necessary testing required to determine the nature of the child's handicap and appropriate placement. This team consisted of the same type of professionally certified staff members as the District staffing committee. As such, with the establishment of these committees, second and third year staffing procedures were significantly expedited. One should note however, that the screening committee was later desolved in favor of the appraisal team thereby eliminating another step in the staffing process.

VIII. Results

The most obvious and perhaps the most appealing measure of project effectiveness in terms of child find is the number of children located by the project. However, one must bear in mind complicating factors involved in the determination of the number of children located by the project. During the first year of the project, Macy and Carpenter (1976) reported the project received 106 referrals on handicapped persons (both children and adults) who were not receiving special education services. Ten of the referrals were persons who resided outside of the District boundaries, and another eight exceeded the 21-year age limitation for special education services under the stipulations of the project. Consequently, 88 of the 106 referrals received during the first year were eligible for District special education services. Second year efforts reportedly resulted in the project receiving 226 referrals (Carpenter, July, 1977). Of those 226, 187 were from the target population of out-of-school, unserved handicapped children. (Results of third-year child find efforts are not available at this writing.)

These figures indicate that the project was markedly consistent from the first year to the second year in locating its intended population, as approximately 83 percent of the referrals received each year were from the target population.

In terms of demographic data collected on project referrals, the gender and ethnicity percentages reported within the located populations were as expected and did not indicate any disproportionalities in the referrals received from one year to the next. The gender and ethnicity distributions of project referrals were consistent with the District's distributions in these areas. The age distribution of referrals received during the second year showed that over three-fourths of the referrals were children at or below the elementary school level, with this data again being markedly consistent with first year data obtained in this area (Carpenter, July, 1977).

Almost all of the referrals received by the project were children with moderate to severe handicapping problems. The area of mental retardation accounted for nearly one-third of the confirmed handicaps reported during the second year, with the majority being on the trainable level. The area of mental retardation accounted for approximately one-third of the "suspected" handicaps reported during the first year as well (Carpenter, July, 1977).

The method of locating children was another area of interest relative to project referrals. However, one must again take into consideration the difficulty of establishing the direct source of referrals. As previously indicated, although the project's 24-hour telephone service was the primary vehicle for receiving project referrals, the initial source could have originated from a variety of other project

efforts designed to communicate the project phone number. First-year efforts to determine referral sources revealed that calls from parents (41.5 percent) and calls from agencies (34 percent) accounted for about three-fourths of the 106 referrals received that year (Macy and Carpenter, 1976). During the second year, Carpenter (July, 1977) reported that calls from parents (25.3 percent), DISD school personnel (13.7 percent) and agencies (36.3 percent) accounted for more than seventy-five percent of the 226 referrals received during the 1976-77 school year. District personnel were cited as an increased source for referrals during the second year as the number attributed to that source was almost doubled from the first year.

Agency personnel were cited as a significant source for project referrals with the project's staff visits to the various community agencies throughout the metroplex believed to be the major contributing factor. This opinion was based on the observation of project staff of a dramatic increase in the number of telephone referrals received on the day following a visit to an agency. In addition to being directly responsible for a sizeable number of the referrals received by the project, agency personnel were also significantly indirectly responsible for an even greater number of referrals as this medium was cited as the information source for the project's telephone number in more than fifty percent (107 cases) of the cases assessed in this area during the second year. This would suggest that interagency contact should be a significant aspect of child find programs, considering the impact it had on the number of referrals received by the project.

Further investigation of child location (referral) strategies focused attention on canvassing efforts. Macy and Carpenter (1976) reported that first-year canvassing efforts appeared ineffective as only

10 referrals (9.4 percent) were directly attributed to the house canvass. However, it was noted that it was not all together possible to determine the exact number of children located by the canvass since one could not know definitely whether the media campaign, agency visits, the canvass itself, or some combination of the foregoing, was the exact source of referral. There were however, indications that the canvass increased public awareness through personal contacts made at those doors answered during the canvass. During the second year Carpenter (July, 1977) again reported that the house-to-house canvass remained an ineffective means of directly locating those handicapped children who were not receiving educational services, as a mere .9 percent (2 referrals) of the 226 referrals received during the 1976-77 school year, were attributed to the canvass. However, the canvass was seen as being slightly more effective in terms of indirect referrals to the project (rather than direct) as it was cited as having been the information source for the project telephone number in 4.3 percent (9 cases) of the referrals received during the second year. In spite of the apparent ineffectiveness of canvassing efforts, there were indications that the canvass was valuable in terms of demonstrating the project's commitment to locate the unserved handicapped child. The canvass was; however, eliminated as a third-year component of the project as it was not deemed cost effective to continue to canvass in light of previous results in that area.

In terms of the delivery of service to children located by the project, an apparently unnecessarily extended delay was noted in merging the staffing of zero reject referral cases with the District's staffing of regular special education cases. This delay was most apparent during

the first year of the project when by the end of the year it was noted that only slightly more than one-third (37.5 percent) of the referrals for that year had received placement, and that the remaining cases were either deferred or "hung up" in the appraisal process due to incomplete records, a lack of testing data, or the heavy workload of the District staffing committee (Macy and Carpenter, 1976). In addition, the waiting period from the time of referral to placement in the District's special education program was sometimes considered excessive.

The above information regarding referral and the delivery of services to children identified in the project must, however, be considered in view of the circumstances surrounding the project. The project was initially conceived as only a child find effort, and the question of delivery of services relative to the project was not relevant. First-year results, however, pointed to a need to develop procedures for more immediate delivery of service to identified children for the 1976-77 school year. Referral guidelines and procedures were devised for the District at mid-year, but there was not enough lead time to adjust appraisal and staffing resources to meet the additional workload imposed by children located during the first year in the child find effort of the project, or to have a significant effect upon first-year placement results. This apparent need for the implementation of adequate procedures for the delivery of services to children identified by the project lead to the formulation of the project screening committee and later the appraisal team during the second year. Second-year placement results revealed a marked increase in the number of children staffed for services, as, with the aid of the screening committee and appraisal team, the project was successful in establishing placement for approximately 58

percent of the cases referred during that year (Carpenter, July, 1977). This dramatic increase in the number of children placed was directly attributed to the establishment of the screening committee in September, 1976 to specifically review zero reject cases and to establishment of the appraisal team to do the necessary testing required to determine the nature of the child's handicapping condition and appropriate placement. The fact that a large number of cases still remained and lacked placement at the end of the year was attributed to the fact that the full appraisal team did not begin functioning until the early part of February, 1977, by which time well over one-half of the 226 referrals for that year had already been received. Those cases referred prior to the establishment of the appraisal team were routed through the District's staffing committee for placement determination, which again resulted in an added burden to an already heavily laden committee. The significant effect of the screening committee and appraisal team on the delivery of services to children referred to the project was vividly apparent in terms of the number of cases for which placement was established. During the first year, over 62 percent of the referrals lacked placement at the end of the year, but during the second year only 42 percent of the referrals lacked placement at the end of the year (Carpenter, July, 1977).

Another area of interest relative to the delivery of services to children identified by the project was the delivery of service to severe and profoundly handicapped children located by the project. Almost all referrals received during the first year involved children with moderate to severe handicapping problems, with severe mental retardation and orthopedic disabilities accounting for the majority of the suspected handicaps reported. Thus, many project referrals were unlike most special

education referrals received in the District, and this uniqueness would explain in part the delay noted in the merging of the project referral process with the District's referral process.

Another area of interest involving the severe and profoundly handicapped children referred to the project, was the project's efforts in conducting the pilot developmental center programs for profoundly handicapped students. The experimental curriculum, Radea, which was utilized in the study, was widely accepted and highly recommended by the pilot developmental center teachers. The individualization of the program, its organization, the use of behavior management techniques and the sequencing of developmental tasks were cited as major strengths of the program. The major deficits of the program were said to be the lack of sufficient materials to operate the program, vagueness of directions, and the need for more group-oriented activities to offset the large number of individualized activities. It was also cited that although Radea was an exceptional, needed program, the lack of academic enrichment tasks deemed it necessary to supplement the program with other instructional aids that provided academic training for the students. The teachers in the regular developmental centers expressed a desire and need for structured programs such as Radea to provide the necessary developmental tasks that so many of the students in the developmental centers needed. Although Radea was cited as an exceptional program for use with severe and profoundly handicapped students, it was not deemed suited for use as "the" instructional program for the profoundly handicapped but rather as an excellent supplementary program for use in the instruction of the severe and profoundly handicapped.

In terms of the project's awareness efforts, of all the printed media disseminated throughout the campaign, the printed poster was cited most often as the source of awareness for the project and its slogan, with the house-to-house canvass also contributing significantly as a source. The radio, T.V., and newspapers appeared to be almost totally ineffective as they accounted for only a small protion of the sources for awareness; however, as the extent of coverage by radio and T.V. was slight, this was not a surprising finding.

Parents surveyed did not give lapel buttons as a source of project awareness, and a bumper sticker was cited as a source only once. Brochures were only cited a few times. This would suggest that the printed poster displayed in frequently visited public areas (such as the supermarket, laundromat, drug store, etc.) was the most effective means of communicating the project slogan and spreading awareness of the project. Nearly seven percent of the referrals received during the 1976-77 school year, cited printed media (posters, brochures, etc.) as the information source for this project telephone number.

Door hangers used in the house-to-house canvass and personal contacts made in conjunction with the house visits, were the next most effective components of the media campaign. Project staff originally viewed the house canvass primarily as a means of finding handicapped children, but reports from staff indicated that information dissemination was one of the biggest functions served in the canvass. It was also though that the personal contacts made during the canvass stimulated inter-neighbor communication about the project.

In view of the apparent effectiveness of the printed posters displayed in public areas, it was suggested that future media campaigns include a mention of the handicapped person's legal right to a public school educa-

tion, in conjunction with the project slogan. One obvious procedure that would encompass this suggestion would be to include a phrase such as "In Texas, it's the law", on printed posters bearing the project slogan.

As a means for maintaining and accessing student referral information, the establishment of an on-line computer terminal in the project office greatly facilitated the input of information into the data base. This resulted in the data base becoming a more internalized function of regular project activity. The data available from the data base were extremely valuable in terms of reporting needs. The data base could generate the necessary data and or reports that had previously consumed hours of manual labor in a matter of minutes. The data base not only greatly facilitated the generation of reports required by the project but also provided invaluable assistance in monitoring the processing of referrals.

In terms of the project's efforts in developing a model for the cooperative delineation of roles and responsibilities between a public school system and a community human services agency in the delivery of services to handicapped children, the following points were noted.

The District's strengths and role delineations included:

(1) Automatic funding for students three to twenty-one through state Minimum Foundation Funds.

(2) Excellent physical facilities and available space.

(3) State funding for transportation and special equipment.

(4) A mandate to serve all handicapped children from 3 to 21 years of age.

(5) An adequate staff of four hundred eighty-one special

education teachers and twenty-one multidisciplinary appraisal teams.

(6) A computer capability for planning and programming.

(7) Access to state education agency decision makers.

(8) A research and evaluation component to support development activities.

(9) A publication and printing department capable of publishing printed material at minimal cost.

The strengths and role delineations of the MHMR Center included:

(1) Experience in working with profoundly handicapped students who had formerly been excluded from public schools.

(2) A completely developed curriculum for profoundly handicapped students.

(3) Staff development capability for training staff to teach and evaluate profoundly handicapped students.

(4) A mandate to meet unmet needs of the handicapped which would enable them to serve the infants and adults who are not the responsibility of public school personnel.

(5) The development of the Developmental Evaluation Scale for screening and programming for profoundly handicapped children.

During the first year of the project the two agencies completed the following activities jointly:

(1) They conducted the child find activities together.

(2) Staff members visited each others programs and observed program acitivities.

(3) Staff members of each agency studied each others policies, procedures and funding sources.

(4) The MHMR staff trained the District staff in the utilization of the Developmental Evaluation Scale.

(5) The District invited members of the state and regional educaton centers to a meeting to review the possible utilization of the DES in other parts of the state.

(6) The MHMR staff assisted in a summer workshop to train District appraisal teams in the assessment of profoundly handicapped children.

(7) Programmatic changes which were the direct result of the project included the addition of ten developmental centers to the District's special education program and the closing of one MHMR developmental center. The students formerly served in the MHMR Center were transferred to the District program and plans are underway for MHMR to replace this center with a vocational program for young retarded adults.

Second-year cooperative plans included the following:

(1) The District printed the Developmental Evaluation Scale developed by MHMR and the Research, Evaluation, and Information Systems Department conducted a study to validate this instrument in five other sites in Texas. The Texas Education Agency cooperated with the project in this activity.

(2) The District field tested the curriculum developed by MHMR in two of their programs for profoundly handicapped children.

(3) MHMR provided staff development consultation to the District teachers who work with profoundly handicapped students.

(4) This project sponsored a significant conference in November, 1976, on the impact of Public Law 94-142 on schools and agencies. Participants included 27 superintendents in the region, 27 directors of special education, 7 representatives of university training programs, directors of 18 non-public school programs for the handicapped, 5 MHMR staff members, 5 District staff members, and 10 representatives from the state and regional education agencies. The Full Service Goal Conference proceedings were published and a manual was written which would enable the conference to be replicated in other sites.

Third year cooperative plans which have been finalized and are under way include the following:

(1) They continued the child find activities on a reduced basis with two teams rather than four teams.

(2) An MHMR staff person with expertise in working with severely and profoundly handicapped students was placed in a model Developmental Center at the Human Service Magnet High School. Three full days of individualized training were conducted for each of the teachers of the District's developmental centers.

(3) Plans were developed to jointly conduct staffing committee meetings to provide transition plans for 140 handicapped

students who were being transferred from an MHMR facility to a Dallas Independent School District facility.

These developments indicate significant progress in interagency cooperation. In spite of problems which prevented the utilization of a formal evaluation, representatives from the MHMR Center, the District, the Educational Service Center - Region X and the Texas Education Agency felt that the project made significant progress toward the development of an interagency cooperative model.

IX. Recommendations

The following recommendations are based upon the experiences of the Dallas Child Find project. These recommendations are not offered as a "fail-proof" plan for the successful implementation of a child find project, but should, however, provide valuable assistance to other systems involved in the child find process.

- Organize an advocacy group task force of representatives from various local advocacy groups in the area. This task force can help to plan and to implement information dissemination activities of the project and can serve as a sounding board for project plans.
- Formulate precise definitions of the target population and determine the probable size of the target population.
  - Develop a case aide handbook to define the appropriate referral procedures for different types of referrals.
  - Develop a telephone intake protocol to facilitate referral procedures with the different types of referrals encountered.
- Provide for regular, periodic reporting on the status of referrals in the staffing process.

- Ensure adequate orientation and interface of project referral procedures with District procedures for special education placement.
- Develop forms which will facilitate the recording of information and keep accurate records.
- Establish a computerized data base system to facilitate the storage and maintenance of referral data. The volume of data that can be stored on such a system is phenomenal, and the ease of accessibility of the information is sometimes astounding. Reporting needs are greatly facilitated with such a system, as information that would take hours to gather manually can be accessed from the computer in a metter of minutes.
- Make regular visitations to area human services agencies in order to promote awareness of the project, to provide orientation to the appropriate referral procedures and to solicit cooperation in the routine referral of children to the project.
- Should the house-to-house canvass be utilized in the project, it must be fully organized and well planned in order to be effective.
  - Select a site or area(s) which is not too large to complete.
  - Obtain a map of the designated area and send a copy to your local Department of Housing and Urban Rehabilitation (or a similar appropriate office) who will be able to determine the approximate number of households in the designated area(s).
  - Contact the Principal(s) of the designated area(s). Construct a letter, requiring his or her signature, to take home by students to inform their parents of the canvass and to solicit their cooperation in the effort.

- Prior to the start of the canvass, you may want to make another appointment with the Principal to introduce the canvass team and possibly show any films, slides, etc. that have been produced relative to the project.
- After obtaining the number of houses in the area(s), you can estimate the number of days your canvass will take. The team could probably cover approximately 50 houses per person a day.
- Keep a log of the number of houses contacted so that you can determine the percent of those homes contacted and not contacted.
- At those homes where contact is made, leave a brochure or other printed media for their future reference.
- At those homes where no contact is made, leave a door knob hanger and written message stating, "If you know of a handicapped child who is not in school, please call this number".

- A structured interview protocol to use in the house canvass would be of benefit to the canvassing team. As the discussion of handicapped children could be considered a sensitive topic to some parents, the team should be thoroughly orientated to communicating their purpose and efforts in the least offensive manner, paying particularly close attention to their choice of words in conversation with the parents.
- The use of boy scouts, PTAs, church groups, volunteers, DPW, etc., could serve to make the canvass effort more cost effective.
- The use of the above mentioned groups could also make the information dissemination phase of the project more cost effective.

- The use of films, slides, etc. would be helpful to use when presenting information about the project to human services agencies, PTAs, school personnel and other groups you wish to inform of your efforts.
- Case aides should have a monthly schedule indicating telephone days, human services days, canvass days, case management days, public awareness and any other routine activities requiring the scheduling of time.
- Weekly time logs of routine activities should be developed and maintained by all project staff in an effort to obtain cost-analysis information (Appendix L).
- Develop or obtain some type of screening device that would provide an initial diagnosis of a child's handicap when no other documentation is available on the case.
- Organize an appraisal team and/or screening committee to review cases and to do the necessary testing to determine the child's handicap and appropriate placement prior to sending the case to the District staffing team. The establishment of such a committee will greatly facilitate the staffing process and prevent the deferment of cases due to lack of the appropriate documentation.
- The use of questionnaires to assess such aspects of the project as public awareness, human services contacts, training sessions, workshops, etc., will provide excellent feedback on the effectiveness of efforts.
- A 24-hour telephone service is virtually essential to the project and should be set up in your child find office where case aides work. The aides and other staff could man the phones during

regular working hours and a recording could be used after work hours or whenever there is no one available to answer the phones. However, at least one person should remain in the office during working hours to man the phones.

- Depending on the extent of the referrals, you may want to consider scheduling weekly, biweekly, or monthly meetings of case aides to discuss case needs, problems, current activities, etc.
- You may want to consider incorporating parent involvement activities in the program and set up home visits with each referral as a routine aspect of referral procedures.
- Efforts should be made to facilitate the referral and subsequent placement of severe and profoundly handicapped children in the classroom, if your school district is not already involved in the instruction of such cases. Properly trained teachers, special equipment and facilities are essential for the care of these children.

APPENDICES

		Page
A.	Radea Training Questionnaire.	58
B.	Developmental Center Curriculum Questionnaire	59
C.	Community Awareness Pretest Survey.	61
D.	Community Awareness Posttest Survey	66
E.	Teacher and Agency Survey	68
F.	Radio, T.V., Media Announcements.	69
G.	Zero Reject Intake Worksheet.	72
H.	PZR Master Log.	73
I.	TEA List of Source Codes.	74
J.	Project Zero Reject Input Worksheet	75
K.	Extent of Involvement Scale	77
L.	Cost Analysis Log Sheet (Example)	78

Appendix A

RADEA Training Questionnaire

1. How many training sessions were conducted? _____

   Follow-up sessions? _____

2. Do you feel you had enough training to effectively utilize the program? _____

   If not, in what areas do you feel you need more training? _____

   _____

3. If you encountered problems or difficulties with the program, was there someone familiar with the program that could be contacted for help?

   _____

4. Do you have sufficient materials to operate the program? _____

   If not, what materials do you lack? _____

5. What would you consider to be the strong points of the program? _____

   _____

6. What would you consider to be the weak points? _____

   _____

7. Would you recommend RADEA for use in other developmental centers? ____

   _____

8. Additional Comments? _____

   _____

Appendix B

Developmental Center Curriculum Questionnaire

Center: _____

I. Student Information:

1. How many children are in the program? _____
2. What is the age range? _____
3. What is the ethnic breakdown of your students?

   A _____ B _____ MA _____ AI _____ C _____ O _____

4. What is the sex breakdown of your students? M _____ F _____
5. What types of handicaps do these children have? _____

   _____

6. What is the nature of their involvement: (complete extent of involvement measure on each student)

II. Curriculum Information:

7. What is the nature of the program you use? _____

   _____

   What program was used before RADEA? _____

   _____

   How does RADEA differ from previous programs used? _____

   _____

8. What kinds of instructional materials do you use? _____

   _____

9. How is the program structured? _____

   _____

10. Are there individual behavioral goals that are to be achieved with this program? _____

    What is the goal? _____

11. Can a student progress through the program at his own speed?

    _____

12. Are the instructional tasks ordered in such a way that less complex tasks are presented before more difficult ones?

    (1) always (2) usually (3) sometimes (4) hardly ever (5) never

13. If a student has special interest in a certain topic or has difficulty mastering an objective or specific task, is there additional material that can be presented to him? _____

    _____

14. Does the program provide for the student to become actively involved in the tasks?

    (1) always (2) usually (3) sometimes (4) hardly ever (5) never

15. Can you the teacher, modify the sequence of tasks to meet certain student or environmental differences? _____

    _____

16. Is appropriate feedback used in a manner whereby students know exactly which responses are correct and which are incorrect?

    _____

17. Does the program have a summary statement concerning the general concepts and nature of tasks that the student should be able to perform upon the completion of the entire program? _____

    _____

18. Are there procedures outlined, or placement tests provided that would allow the appropriate placement of students in the different levels of the program? _____

19. Does the program include activities to help the student apply his newly acquired skills to other tasks not specifically gone over in the program materials? _____

III. Teacher Attitude:

20. Are you pleased with the program you currently use? _____

21. If a better program could not be provided, how would you change the present program to improve it? _____

    _____

22. Is the program benefitting your students? _____

23. Do you have enough materials to work with? _____

    _____

24. How is your work-load? _____

25. Other comments:

Appendix C

COMMUNITY SURVEY
(Pretest)

Complete before telephoning:

Circle
(M F) _____Name of Respondent

_____School or Agency

_____Date

Circle
(A.M. P.M.) _____Time Interviewer_____

Complete during telephone call:

My name is_____and I work for the Dallas Independent School District. In order to help us in planning a community information program, I am conducting a random survey of people in the community.

The survey will take about 15 minutes, and I wonder if you could please allow me that much of your time right now to answer a few questions for me?

If No - Is there a time when I might call you back, when you have more time?

Yes _____

☐ (If and only if, respondent asks, say that the survey has to do with the educational rights of children. If respondent asked, check box at the left.)

If Yes - Thank you for your time. The first question is:

PART ONE

Yes No 1. Have you ever heard of Texas Senate Bill 230? (Just answer yes or no.)

2. If yes, what does Senate Bill 230 mean to you? (Just answer briefly in your own words.)

_____

3. What does the phrase "handicapped child" mean to you? (Just answer briefly in your own words.)

4. What does special education mean to you? (Just answer briefly in your own words.)

_____

PART TWO

Now I will read a very short description of a child. This description does not refer to a real student or person, but is just an example made up for this survey. The sample description is as follows:

A second grade boy who cannot walk.

Now, would you say that ...

a. this child is handicapped?

b. Texas public schools are legally required to provide some kind of different or modified educational program for this child?

Please answer this question by choosing one of the following four choices:

I would: almost always / frequently / sometimes / rarely — say that a. this child is handicapped. b. Texas public schools are legally required to provide some kind of different or modified educational program for this child.

Do you understand what I'm asking you to do? (If no, explain again.)

If yes - Now I'm going to read you a series of descriptions in which you'll use the four choices almost always, frequently, sometimes, or rarely to respond to each description. The first child description is:

1. Almost always
2. Frequently
3. Sometimes
4. Rarely

1. [third grade boy / girl] who gets average grades in all his/her school subjects.
A [high school boy / girl]

1. Almost always
2. Frequently
3. Sometimes
4. Rarely

2. (S) [third grade boy / girl] who is totally deaf and cannot hear anything.
A [high school boy / girl]

1. Almost always
2. Frequently
3. Sometimes
4. Rarely

2. (M) [third grade boy / girl] who can only hear the teacher when he/she sits at the front of the classroom.
A [high school boy / girl]

Would you say that....

1. Almost always
2. Frequently
3. Sometimes
4. Rarely

3. [second grade boy / girl] who can see normally as long as he/she wears glasses.
[high school boy / girl]

1. Almost always
2. Frequently
3. Sometimes
4. Rarely

4.(S) A — Second grade boy / girl / High school boy / girl

who is confined to a wheelchair.

1. Almost always
2. Frequently
3. Sometimes
4. Rarely

4(M) A — Second grade boy / girl / High school boy / girl

who has no muscle control in one arm.

1. Almost always
2. Frequently
3. Sometimes
4. Rarely

5. A — Third grade boy / girl / High school boy / girl

who can hear very well as long as he/she uses a hearing aid.

Repeat choices

1. Almost always
2. Frequently
3. Sometimes
4. Rarely

6. A — Third grade boy / girl / High school boy / girl

who speaks faster than anyone in his/her class

1. Almost always
2. Frequently
3. Sometimes
4. Rarely

7. A — Third grade boy / girl / High school boy / girl

whose school progress is not as fast as most of the kids in his/her class.

1. Almost always
2. Frequently
3. Sometimes
4. Rarely

8.(S) A — Second grade boy / girl / High school boy / girl

who does fine in reading but can't do a simple arithmetic problem

1. Almost always
2. Frequently
3. Sometimes
4. Rarely

8.(M) A — Second grade boy / girl / High school boy / girl

who is getting along OK in school but writes some letters backwards.

1. Almost always
2. Frequently
3. Sometimes
4. Rarely

9.(S) A — Second grade boy / girl / High school boy / girl

who is blind and cannot see.

1. Almost always
2. Frequently
3. Sometimes
4. Rarely

9.(M) A — Third grade boy / girl / High school boy / girl

who can only see well enough to read very large print.

There are just a few more of these.

1. Almost always 10.(S) [Third grade boy / girl / High school boy / girl] who stutters when he/she tries to talk.
2. Frequently
3. Sometimes A
4. Rarely

1. Almost always 10.(M) [Third grade boy / girl / High school boy / girl] who has trouble saying words that begin with the 'ch' sound.
2. Frequently
3. Sometimes A
4. Rarely

1. Almost always 11. [Second grade boy / girl / High school boy / girl] who frequently has mild muscle cramps in his/her legs.
2. Frequently
3. Sometimes A
4. Rarely

Repeat choices

1. Almost always 12.(S) [Second grade boy / girl / High school boy / girl] who can't remember his/her name or where he/she lives
2. Frequently
3. Sometimes A
4. Rarely

1. Almost always 12.(M) [Second grade boy / girl / High school boy / girl] who can't remember the alphabet.
2. Frequently
3. Sometimes A
4. Rarely

1. Almost always 13.(S) [Third grade boy / girl / High school boy / girl] who won't talk to his/her teacher or classmates.
2. Frequently
3. Sometimes A
4. Rarely

1. Almost always 13.(M) [Third grade boy / girl / High School boy / girl] who is always getting into a fight with some one.
2. Frequently
3. Sometimes A
4. Rarely

1. Almost always 14. [Third grade boy / girl / High school boy / girl] who hardly ever gets mad or shows any emotion.
2. Frequently
3. Sometimes A
4. Rarely

That completes this section of the survey, and now I have only three more questions.

PART THREE

1. At what age do you think the Texas public schools are legally required to accept handicapped children for schooling?

   6 months 3 years 6 years No opinion

2. At what age do you think the Texas public schools are legally no longer required to educate the handicapped child?

   16 years 18 years 21 years No opinion

3. Can a Texas public school legally refuse to accept a handicapped child who is of legal age?

   Yes No No opinion

Mr./Mrs. _____ this concludes the survey. I hope I didn't take up too much of your time. Thank you very much and we appreciate your time and help.

Interviewer:

Complete the following if respondent took all or part of the actual survey.

How would you describe this respondent's attitude toward the interview? (Circle more than one if desired)

1. pleasant 2. cooperative 3. indifferent 4. irritated 5. hostile

Do you think the respondent gave the survey a reasonably serious effort?

1. Yes 2. probably 3. maybe not 4. No 5. couldn't tell

Appendix D

COMMUNITY SURVEY
(Posttest)

Complete before telephoning:

Circle
(M F) _____ Name of Respondent

_____ School

_____ Date

Circle
(A.M. P.M.) _____ Time Interviewer _____

Complete during telephone call:

My name is _____ and I work for the Dallas Independent School District. In order to help us in planning a community information program, I am conducting a random survey of people in the community.

The survey will take about _____ minutes, and I wonder if you could please take about _____ minutes of your time right now to answer some survey questions for me?

If Yes - Thank you for your time.

If No - Is there a time when I might call you back, when you would have more time?

1. Yes _____ 2. No, do not wish to respond _____

☐ (If and only if, respondent asks, say that the survey has to do with the educational rights of children. If respondent asked, check box at the left.)

Yes No

Interviewer:

Complete the following if respondent took all or part of the actual survey.

How would you describe this respondent's attitude toward the interview? (Circle more than one if desired)

1. pleasant 2. cooperative 3. indifferent 4. irritated 5. hostile

Do you think the respondent gave the survey a reasonably serious effort?

1. Yes 2. probably 3. maybe not 4. No 5. couldn't tell

During the past several months, there has been a campaign to make the Dallas community more aware of the educational rights of handicapped children. Part of this campaign has been the slogan:

'Public schools are for the handicapped, too.'

Yes No 1. Have you ever seen or heard this slogan?

If yes, can you tell me where you saw or heard the slogan?

_____

Maybe No 2. Do you think handicapped children should have the right to an education?

Yes No 3. Did you know that there is a state law in Texas that guarantees the right to education for all handicapped children?

Yes No 4. Not counting the time you were surveyed last November, have you ever heard of Texas Senate Bill 230?

5. If yes, briefly in your own words, what does Senate Bill 230 mean to you?

_____

As you probably know, a special education class has been one of the ways that schools have used to provide education for handicapped children.

Yes Maybe No ___ 6. Do you think that a child who is totally deaf and cannot hear anything should be in special education?

Yes Maybe No ___ 7. Do you think that a child who is confined to a wheelchair should be in special education?

Yes Maybe No ___ 8. Do you think that a child who does fine in reading but can't do a simple arithmetic problem should be in special education?

Yes Maybe No ___ 9. Do you think that a child who is blind and cannot see should be in special education?

Yes Maybe No ___10. Do you think that a child who stutters when he tries to talk should be in special education?

Yes Maybe No ___11. Do you think that a child who can't remember his name or where he lives should be in special education?

Yes Maybe No ___12. Do you think that a child who won't talk to the teacher or classmates should be in special education?

Appendix E

Teacher Survey

Yes No 1. Have you ever heard of Texas Senate Bill 230?

2. If yes, what does Senate Bill 230 mean to you? (Just answer briefly in your own words.)

3. At what age do you think the Texas public schools are legally required to accept handicapped children for schooling?

6 months 3 years 6 years No Opinion

4. At what age do you think the Texas public schools are legally no longer required to educate the handicapped child?

16 years 18 years 21 years No opinion

5. Can a Texas public school legally refuse to accept a handicapped child who is of legal age?

Yes No No opinion

(Agency personnel also responded to this survey)

NEWS
dallas independent school dist

FOR IMMEDIATE RELEASE: Dec. 5, 1975

PUBLIC SCHOOLS SERVE
HANDICAPPED STUDENTS

Do you know a handicapped youngster between the ages of 3 and 21 who is not attending school? If so, his or her parents should know that there's a place in the public schools for that child or young adult. This includes boys and girls who have learning disabilities, physical, mental or emotional handicaps.

The Dallas Independent School District (DISD) has received a grant from the Texas Education Agency to develop a system for locating unserved handicapped students and for jointly planning for these youngsters with a community agency. The Mental Health-Mental Retardation Center is the cooperating agency.

An information campaign is currently being conducted to inform the public, advocacy groups and human service agencies about services offered in public schools. Following the information phase of the project, a door-to-door canvas in targeted areas of the DISD will be conducted.

A 24-hour answering service has been installed to assist interested persons in obtaining information about handicapped students. The number is Project: Zero Reject 224-4877.

#####

Appendix F Cont.

SUBURBAN TRIBUNE-December 11, 1976

COLISHA ANN PRICE, 5-year-old student at William B. Carrell School and Dr. Nolan Estes, general superintendent of the Dallas schools, attaches a bumper sticker to kick off a campaign to inform the public of "Project: Zero Reject." Texas public schools serve three-to-21-year-old youngsters who have learning disabilities, physical, mental or emotional handicaps.

Public Schools Serve Handicapped Students

Do you know a handicapped youngster between the ages of 3 and 21 who is not attending school? If so, his or her parents should know that there's a place in the public schools for that child or young adult. This includes boys and girls who have learning disabilities, physical, mental or emotional handicaps.

The Dallas Independent School District has received a grant from the Texas Education Agency to develop a system for locating unserved handicapped students and for jointly planning for these youngsters with a community agency. The Mental Health-Mental Retardation Center is the cooperating agency.

An information campaign is currently being conducted to inform the public, advocacy groups and human service agencies about services offered in public schools. Following the information phase of the project, a door-to-door canvas in targeted areas of the DISD will be conducted.

A 24-hour answering service has been installed to assist interested persons in obtaining information about handicapped students. The number is Project: Zero Reject, 224-4877.

FOR IMMEDIATE RELEASE
December 4, 1975

EDUCATING THE
YOUNG HANDICAPPED
:20

DO YOU KNOW A HANDICAPPED CHILD OR ADULT BETWEEN THE AGES OF 3 AND 21 WHO IS NOT IN SCHOOL? A TEXAS LAW PROVIDES A PUBLIC EDUCATION FOR YOUNG PEOPLE WHO ARE PHYSICALLY HANDICAPPED, MENTALLY RETARDED, EMOTIONALLY DISTURBED OR LEARNING DISABLED. FIND OUT MORE—CALL 224-4877.

EDUCATING THE
YOUNG HANDICAPPED
:10

STATE LAW GIVES THE PHYSICALLY, MENTALLY OR EMOTIONALLY HANDICAPPED PERSON BETWEEN AGES 3 AND 21 THE RIGHT TO PUBLIC SCHOOLING. LEARN MORE—CALL 224-4877.

dallas independent school district

PROJECT ZERO REJECT INTAKE WORKSHEET

Located _____

Referrant _____ Date _____

Address _____ Phone _____

Agency _____

I. STUDENT INFORMATION

Name _____ Adaptive Education _____
Last First Middle

Address _____
Street City Zip Code

Birth Date _____ Chronological Age _____ Ethnicity _____ Sex _____

Primary language of client _____ Home School _____

II. PERTINENT INFORMATION

WHERE AVAILABLE

Medical Records _____

Psychological and/or psychiatrist _____

School Records _____

Other _____

III. FAMILY INFORMATION

Parent/Legal Guardian Names _____
Last First Middle Initial

Student living with _____ Relationship _____

Address _____
Street City Zip Code

Phone Numbers Home _____ Business _____

IV. NATURE OF PROBLEM

Presenting Problem/Complaint _____

"How can we help you?" _____

Any medical diagnosis or history _____

Staffing Results _____

PROJECT ZERO REJECT

PZR Master Log

STUDENT NAME	DATE	ACTION TAKEN

TEA List of Source Codes

1. Parent
2. Other Family Member
3. Neighborhood, Friend
4. Public School (Personnel, Records, etc.)
5. Physician
6. Public Health Nurse
7. Community Clinic
8. Hospital
9. Medical School
10. Commission for Blind
11. EPSDT (DPW)
12. Office of Deaf Education
13. Texas Regional Resource Center
14. State Office of Early Childhood Development
15. MHMR Community Center
16. MHMR Traveling Team
17. Public Welfare Case Worker
18. Minister
19. Day-Care Center
20. Other

Appendix J

Project Zero Reject Input

ALL DATES YR / MO / DA

!!

VARIABLE

N (1) _____ Adaptive Education No.

N (2) _____ Temporary Flag

N (3) _____ TEA Child Find No.

A (4) _____ Name - Last, first, middle

(5-7) - - - (3 dashes)

N (8) _____ Zip Code

N (9) 057/905/___ Subdistrict Code

(10) - (1 dash)

(11) ___/___/___ Birthdate

(12-17) - - - - - - (6 dashes)

(18) ___/___/___ Referral received

(19) ___/___/___ Parent contact

(20) - (1 dash)

(21) ___/___/___ Review by Zero Reject Screening Committee

(22) ___/___/___ Assessment completed

(23) - (1 dash)

A (30) _____ Sex

(31-32) - - (2 dashes)

A (33) _____ Race

A (34) _____ Project refferal source

A (35) _____ Information source for telephone number

(36) - (1 dash)

(37) ___/___/___ Parent permission for testing/observation/ information sharing

(38) ___/___/___ Parent permission for placement

(39) ___/___/___ Full DES administered

A (40) _____ Screening route

(41) _____ Routing action taken

(42) ___/___/___ Routing action (date)

(24) __/__/__ Placement decision

(25) __/__/__ Service initiation

(26) __/__/__ First month followup

(27) __/__/__ Third month followup

(28) __/__/__ Release

N (29) _____ Handicap code (ARD)

N (43)_____ Previous service - hospital

N (44)_____ Previous service - age

N (45)_____ Previous service - Non DISD

A (46)_____ Placement code

A (47)_____ Release code

Extent of Involvement (Item 12)

List one of the following codes to denote extent of involvement within each of the six areas.

I. AMBULATION

1.0 Hospitalized - bed care
1.1 Wheel chair
1.2 Walks with physical aid
1.3 Walks with human assistance
1.4 Walks with no assistance
1.5 Scoots, crawls, rolls
1.6 "normal walking"

II. HEARING

2.0 None
2.1 Impaired - limited without device
2.2 Impaired - limited with hearing device
2.3 "normal hearing"

III. VISION

3.0 None
3.1 Impaired - limited without aid
3.2 Impaired - corrected or helped with glasses
3.3 "normal vision"

IV. COMMUNICATION

4.0 None
4.1 Signs - gestures
4.2 Limited talking
4.3 Reads - writes
4.4 Articulation - speaks clearly
4.5 Articulation - difficult to understand
4.6 "normal communication"

V. SELF CARE

5.0 None
5.1 Toileting
5.2 Feeding
5.3 Dressing
5.4 Hygiene
5.5 "normal self-care"

VI. MALADAPTIVE BEHAVIOR

6.0 None
6.1 Directed toward self (head banging, scratches, bites, etc.)
6.2 Tantrums
6.3 Directed toward others (abusive language, kicks, fights, etc.)

Weekly Log

Date:_____ Staff Member_____

Objective I: Reduce by June, 1977, the number of unserved mentally retarded, physically handicapped and emotionally disturbed students by 250 through the development of an information campaign utilizing community program presentations, human service agency visits, physician newsletters, and day care center contacts.

Activities	Hours Spent	Cost
1.1 Continue advocacy group task force meetings.		
1.2 Reprint brochure.		
1.3 Continue 24 hour answering service.		
1.4 Conduct community organization programs.		
1.5 Compile list of day care agencies.		
1.6 Complete directory of human service agencies.		
1.7 Develop schedule for routine visits of human service personnel.		
1.8 Conduct regular visits to all human service agencies, day care agencies.		
1.9 Write and distribute project newsletter to human service agencies and area physicians.		
1.10 Conduct evaluation of infromation newwork to human service personnel, physicians and day care centers through questionnaire.		
1.11 Answer telephone and respond to calls recorded on tape.		

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Child Find Resource List

The following serves as a resource listing for information relative to the implementation of child find projects in other cities and states throughout the U. S. These institutions provided the Dallas Child Find Component with valuable resource information in terms of the investigation of the current state of the art in child find. Further information relative to the development and implementation of child find projects at a specific site is obtainable upon request from the appropriate authority.

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